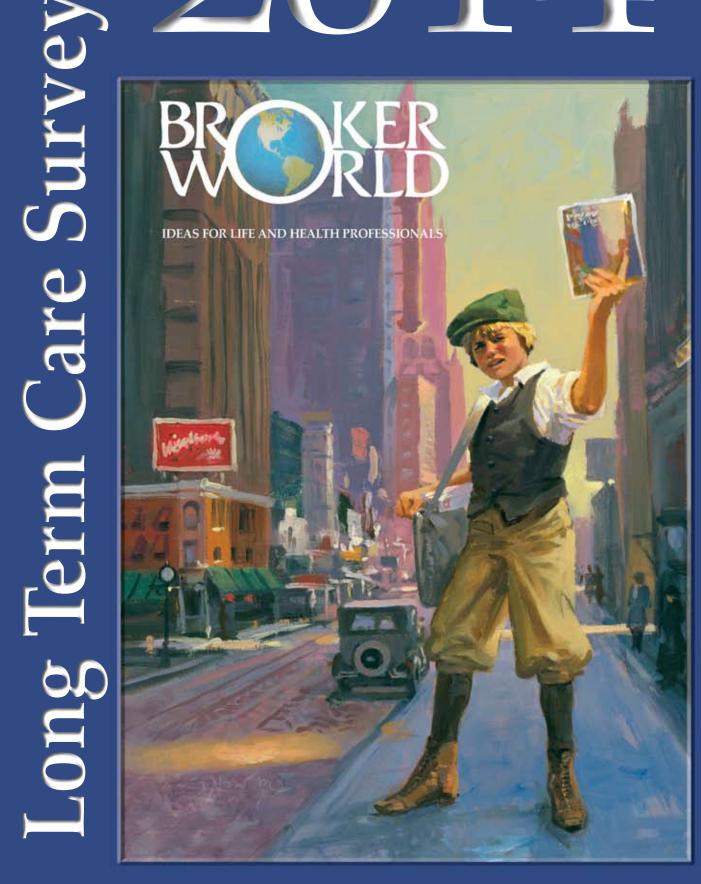
EXHIBIT 4

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2014







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2014 Long Term Care Insurance Survey

The 2014 Long Term Care Insurance Survey is the sixteenth consecutive annual review of long term care insurance (LTCI) published by BROKER WORLD magazine. The survey compares products, reports sales distributions and analyzes the changing marketplace.

Unless otherwise indicated, references are solely to the U.S. standalone LTCI market and exclude the exercise of future purchase options or other changes to existing coverage. Stand-alone refers to LTCI policies which *do not* include death benefits (other than returning premiums upon death or waiving a surviving spouse's premiums) or annuity or disability income benefits. The data includes multi-life groups, which are certificates or individual policies sold with discounts and/or underwriting concessions, but not guaranteed issue, to groups of people based on common employment or affinity relationships. Except where true group is specifically mentioned, comments and data *do not* include sales of certificates to groups on a guaranteed issue basis.

Comparisons of worksite sales characteristics to overall sales characteristics will be discussed in the August issue of *BROKER WORLD* magazine.

Highlights from This Year's Survey

• Participants

We are pleased that Mutual of Omaha and United Security Assurance have, as indicated last year, resumed participation in the survey after a one-year hiatus.

The carriers that participated last year are all participating again. Although Northwestern Long Term Care Insurance Company's product is not included in the product display section, Northwestern LTC has, once again, provided background statistical information to help us report on the entire industry.

In addition, New York Life contributed sales totals. Prudential and Unum, although not accepting any new groups, provided sales of new certificates to existing cases. These companies are not reflected in the statistical distribution.

In our 2008 survey article, we reported that there were about 45 insurers selling stand-alone individual or group LTCI. Now there are only 16.

• Sales

- ✓ The 15 carriers that reported individual sales to this survey sold 174,775 policies (\$403,924,967 of new annualized premium) in 2013, plus 26 single premium policies (\$1.5 million of premium). Single premium stand-alone LTCI has been unavailable for nearly two years; these apps were submitted in the summer of 2012, but not placed until early 2013. We estimate that these carriers sold well over 99.9 percent of the stand-alone LTCI industry's 2013 sales.
- ✓ Industry sales were down 26.5 percent from 2012 in terms of premium and 22.9 percent in terms of the number of lives insured with individual policies.

BROKER WORLD MAGAZINE

Table 8 Sales by Benefit Increase Type								
Benefit Increase Type	2013	2012	2011	2010	2009	2008	2007	
Level Premium Benefit Ir	creases							
5% Compound for Life	22.0%	32.7%	35.3%	34.9%	41.2%	47.6%	47.7%	
5% Compound for 20 Years	0.7	0.0	0.9*	_	_	_	_	
4% Compound	1.0	0.5	0.5	0.4	_	_	_	
3% Compound	29.1*	22.5	17.1	8.8	_	_	_	
Other Compound	0.5	0.5	3.5	3.6	6.8	6.1	4.5	
5% Simple for Life	5.6	6.8	9.7	12.2	14.6	18.3	20.2	
Age-Adjusted	0.4	0.5*	0.0	0.0	0.0	0.0	0.0	
Indexed Level Premium	4.6	4.0	8.1	14.4	10.9	6.0	3.7	
Increasing Premium Bend	efit Incre	eases						
Step-Rated	0.1	0.2	0.0	0.0	0.0	2.3	2.6	
Deferred Compound Optio	n 5.0	1.9	2.0	1.3	_	_	_	
FPO**: Fixed	18.8	20.3	12.8	15.6	16.8	10.1	9.1	
Other								
Dependent on Excess Interest Earnings	3.2							
No Benefit Increases	8.5	9.9	9.2*	7.9	9.0	8.3	11.6	
Other	0.5	0.2	0.5	0.9	0.8	1.3	0.6	
*Adjusted upward to make the **Future Purchase Option	total equa	l 100.0 pe	rcent.					

Table 10 Sales By Facility Elimination Period									
Number of Days 2013 2012 2011 2010 2009 2008 2007									
0 - 19	0.9%	1.1%	1.2%	2.0%	2.8%	2.6%	3.0%		
20 - 44*	4.7	5.7	6.1	6.7	9.4	10.2	10.7		
45 - 83*	0.9	1.0	1.7	10.8	11.7	4.8	5.7		
84 - 100*	87.8	86.1	86.3	76.3	72.2	78.3	75.4		
101 - 200	4.6	4.8	4.7	4.2	3.9	4.1	5.2		
More Than 200	1.1	1.3							
*Prior to 2012, these	categories u	vere 20-30,	31 - 89 and 9	90-100.					

ular as shared care is, it seems surprising that the percentage is not higher.

Some products offer (or include automat-

ically) joint waiver of premium (premium waived for both insureds if either qualifies) and/or survivorship features that waive

Future Pu		able 9 Option	Election	n Rates
Year	2013	2012	2011	2010
Election Rate	24.0%	25.5%	24.4%	27.0%

premiums for a survivor after the first death if specified policy conditions are met. In 2013, 30.3 percent of policies sold to couples-both-buying included joint waiver of premium but only 16.3 percent included survivorship because one major company that sold a lot of survivorship in the past discontinued the feature in 2013. (See Table 12 on page 9.)

Table 13 on page 9 shows that the most common shared care sale (combining the traditional and third-pool designs) has a 3-year BP chassis, but the BP with the highest percentage of shared care sales is the 4-year BP. Above we stated shared care is selected by 40 percent of couples who both buy limited BP. Table 13 shows that shared care does not comprise 40 percent of any BP; that's because Table 13 includes BPs for single buyers in the denominators.

Existence and Type of Home Care Coverage. Two participants reported home care only policies, which accounted for 2 percent of sales. Five participants reported sales of facility only policies, which accounted for only 1.1 percent of total sales.

Nearly 98 percent of the comprehensive policies included home care benefits at least equal to the facility benefit.

Most policies (79 percent) use a weekly or monthly reimbursement design, while 21 percent use a daily reimbursement home care benefit. Only one company sold indemnity, and it was so few policies that it did not amount to even 0.1 percent. The only company that sells a full cash benefit did not report the breakdown of its sales this year. Last year that carrier caused 2 percent of the industry's sales to use a disability (also known as cash definition), but the impact would have been lower this year because it discontinued its policy which had a built-in cash benefit.

In addition to the cash policies, 17.7

_	COMPANY NAME	BANKERS LIFE	S CACHALTY	COUNTRY LIFE				
	Policy Type	Comprehensive						
_	• • • •		Comprehensive	Facility Only	Comprehensive			
_	Product Marketing Name	GR-N620 (Standard Package)	GR-N650 (Premier Package)	Facility Only LTC	Comprehensive LTC			
_	Policy Form Number	GR-N620	GR-N650	LTC-520	LTC-500			
5	Year First LTCI Policy Offered	198	35	1	989			
6	Year Current LTCI Policy Priced	201	13	2	2004			
7	Jurisdictions Available	All States (B	LNY in NY)	23 States,	No Northeast			
8	State Partnerships (as of January 1, 2014)	39 (Includii	ng CT, IN)		18			
	Financial Ratings (as of December 31, 2013)		, ,					
_	A.M. Best	B+	+	A+				
_	Standard & Poor's	BB			Rated			
	Moody's	Baa			Rated			
_	·							
_	Fitch	BB			Rated			
	COMDEX Ranking (as of May 1, 2014)	54			87			
	Statutory Financials (Millions)							
16	Assets (as of December 31, 2013)	\$15,	840		0,263			
17	Surplus (as of December 31, 2013)	\$1,0	57	\$	1,096			
18	Percent Increase (Assets, Surplus)	6%, 1	16%	79	6, 7%			
19	LTCI Premium (Millions)							
20	2013 First Year Premium	\$11	.9		\$3.2			
21	2013 End of Year In-Force Premium	\$50			28.3			
22	Percent Increase (New Business, In-Force)	-28%,		·	6, 10%			
_	LTCI Lives Insured	20 %,	070	017	5, 1676			
	2013 First Year Issued	7.0	20	-	610			
_		7,2		1,619				
_	2013 End of Year In-Force Premium	283,		18,822				
	Percent Increase (New Business, In-Force)	-27%,	-5%	47%, 7%				
_	Policy Ranges and Elimination Period Terms							
28	Issue Age Range	18 - 84		18 - 84				
29	Daily, Weekly or Monthly Benefit Range	\$40 - 3	\$400	\$50 - \$350				
30	Benefit Periods and/or Pools	1, 2, 3, 4, 5, 6, 8 <i>(500 - 2,5)</i>	00 Day BP Also Available)	2, 3, 4, 5				
31	Elimination Periods	0, 15, 30, 60, 90, 180,	365, 730, 1095, 1460	30, 90	, 180, 365			
32	Vanishing, Cumulative	Yes,			s, Yes			
33	Elimination Period Crediting	3 HC/Week=7			ce Days			
	Zero-Day HCBC EP with Longer NH EP	No		Facility Only	No			
_	Policy Benefits	140		1 dollity Offiny	NO			
	Number of Benefit Pools, EPs		4	Facility Only	1,1			
_		1,		Facility Only	·			
	HCBC Payment Basis	Weekly	Monthly	Facility Only	Daily (Monthly Extra \$)			
_	Indemnity Facility, Indemnity HCBC	No,		No, NA	Both Extra Cost			
39	Full Cash (Disability) Benefit	N/			NA			
40	Partial Cash (Disability) Alternative	N/	4		NA			
41	Additional Cash Benefit	25% (Ext	ra Cost)		NA			
42	Assisted Living (Percent of NH Max)	50%	100%	1	00%			
43	Home Care Health Aide (Percent of NH Max)	50%	50%, 100%	Facility Only	50%, 100%			
44	Independent Professional, Non-Professional	Same, Not	Covered	Facility Only	Both Same As Above			
45	Homemaker Services	Must Be I		Facility Only	Must Be Incidental			
46	Informal Care (Other Than Family)	Not Co		Facility Only	Use Excess Indemnity Over			
47	Informal Family Care	Not Co		Facility Only	Qualified Cost			
	Benefit Increase Features	INUL CO	voiou	r dollity Offiy				
_	Lifetime Compound Increases (Level Premium)	70/ 70/	10/ ₂ 50/ ₂		5%			
_								
_	Lifetime Simple Increases (Level Premium)	5%			5%			
-	Other Increases (Level Premium)	2 Decreasing Inflation Options Are A			NA 			
52	Increased Before Claims Deducted?	No			No			
53	Future Purchase Options (FPO)	15% Every	y 3 Years		NA			
54	Benefit Increase Comments	FPO: To 89 If No D	eclines or Claims		NA			
55	Other Comments	F0/ O 1T' 1 1	0. The a Filler 201 0					
		5% Compound Through Age 6						
		or 5% Simple Through Age	e /5, Then 0%; HCO; FO					

GENWORTH	JOHN HANCOCK		COLUMBUS	LIFESECURE	1				
Comprehensive	Comprehensive	Facility Only	Comprehensive	Comprehensive Worksite	2				
Privileged Choice Flex 2	Custom Care III Featuring Benefit Builder	K of C Care	K of C Care	LifeSecure LTC II w/Shareability Option LifeSecure OM II (Worksite)	3				
8000, 8001	ICC12-LTC-12	NHC01	LTC01	LS-LTC-0004 LS-LTC-0005	4				
1974	1987		00	2006	5				
2012	2012		99	2013	6				
All States & DC	All States & DC		es & DC	All But CT, MA, ME, NH, NJ, NY	7				
40 (Including CA, CT, IN, NY)	31 (Including CT, IN, NY)	No	ne	24	8				
					9				
A	A+			A++				Not Rated	10
A-	AA-	AA+		Not Rated	11				
A3	A1	Not F		Not Rated	12				
A-	AA-	Not F		Not Rated	13				
73	93	11	00	Not Rated	14				
		A44 1							15
\$36,445	\$239,597		.534	\$190	16				
\$3,487	\$5,809		878	\$21	17				
-1%, 2%	5%, 0%	6%,	4%	8%, -13%	18				
					19				
\$133.8	\$36.3		ł.6	\$7.2	20				
\$2,508.8	\$1,575.9		4.3	\$34.1	21				
-39%, 6%	34%, 1%	9%,	10%	84%, 17%	22				
					23				
54,906	13,307	3,5	586	4,459	24				
1,233,020	700,919	43,	257	29,424	25				
-39%, 3%	41%, -1%	10%	, 8%	59%, 9%	26				
					27				
18 - 75	18 - 75	30	- 85	18 - 79	28				
\$50 - \$400	\$50 - \$400	\$50 -	\$400	\$1,000 - \$20,000/Month	29				
2, 3, 4, 5, 6, 8, 10	2, 3, 4, 5, 6	3, 5	, LT	\$75K - \$1KK in \$5K Increments	30				
30, 90, 180, 365	30, 60, 90, 180, 365	30, 60,	90, 180	90	31				
Yes, Yes	Yes, Yes	Yes	, No	Yes, Yes	32				
Choice of Service Days; or Calendar Days After 1st Expense	Service Days	Calendar Days		Calendar Days	33				
Extra Cost; HC Days Retire FC EP	Extra Cost; HC Days Retire FC EP	No		No	34				
					35				
1, 1	1, 1	1,	1	1, 1	36				
Daily (Monthly Extra \$)	Daily (Monthly Extra \$)	Facility Only	Monthly	Monthly	37				
No, No	No, No	No, NA	No, No	No, No	38				
NA	NA	N	A	NA	39				
NA	NA	N	A	NA	40				
NA	15% (Extra Cost)	N	Α	NA	41				
50%, 100%	100%	10	0%	100%	42				
50%, 100%	100%	Facility Only	100%	100%	43				
Same, Not Covered	Up to 75% If No HCA in 40 Miles	Facility Only	Both Same As Above	Same, Reduced	44				
Also Informal Caregivers	Must Be Incidental	Facility Only	Same As Custodial Care	Must Be Incidental	45				
Homemaker & Chore Services	Not Covered	Facility Only	Same As Above	Reduced	46				
Family Only If Normal Compensation as HC Provider Ee(s)	Family Only If Normal Compensation as HC Provider Ee(s)	Facility Only	Not Covered	(See row 55)*	47				
					48				
3%, 4%, 5%	5%, CPI	5	%	3%, 5%	49				
5%	NA	N	A	NA	50				
NA	Benefit Builder	N	A	NA	51				
No	No	N	0	No	52				
15.76% Every 3 Years	10%/3 Yrs w/Benefit Builder (5%/3 Yrs w/CPI BIO)	10% of Orig MDB Every 2 Years U	Intil 2 Straight Declines or On Clm	15% Every 3 Years	53				
NA	Benefit Builder Excess Interest Buys Pd-Up Additions; No FPO at Ages 76+,			Unlimited Offers No Matter How Many Times Insured Declines Until Age 80	54				
	If On Claim in Past 2 Yrs, or if Declined			Electronic App	55				
Coordinates Benefits with All other LTCI	2x. For Issue Age 65+, FPO Also Lost If 1 Decline or If Ever Rec'd Benefits			*Flexible Benefit; 50% of Unused Benefit Can Be Used for Other Care *Specified in the Plan of Care, Including Family Caregiving					

56	COMPANY NAME	BANKERS I	LIFE & CASUALTY	COUNTR	RY LIFE			
57	Product Marketing Name	GR-N620 (Standard Packag	e) GR-N650 (Premier Package)	Facility Only LTC	Comprehensive LTC			
58	Sales Rep/Source for More Info	www.t	pankerslife.com	866-856	6-4760			
59	Ancillary Benefits							
60	Bed Reserve Days/Year, Respite during EP?	60+Other, No	60+Other, 21	30,	30			
61	Alternative Plan of Care (APC)	No	Contractual After EP	Contractua	l After EP			
_	Home Modification	NA	30 x MDB	Facility Only	50 x MDB			
63	Caregiver Training Benefit	NA	25% of Monthly HC	Facility Only	3 x MDB			
	Emergency Alert	NA NA	5% HC MMB; Max 12 Months	Facility Only	50 x MDB			
_	Equipment Benefit	NA 5% HC MMB; Max 12 Months		Facility Only	50 x MDB			
	Drug, Ambulance Benefit	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NA	NA NA			
	Claims Issues	NA, \$7	75/Trip x 4x/Year	IVA	IVA			
_	* * * * * * * * * * * * * * * * * * * *		A)					
	Conditional Receipt Protection		No	No				
	Coverage Beyond USA	Canada	(Other = 30 Days)	No				
_	Provider Discounts (Directly or Indirectly)		No	No				
71	Care Coordination Available From	Thro	ough Network	Through I	Network			
72	Third Party Care Coordinator Limits		None	Nor	ne			
73	Independent Review	Extended to In-Force in S	States with IR; Initiates IR for Client	Extended to In-Force	e in States with IR			
74	Premiums and Discounts							
75	Gender-Distinct or Unisex Pricing	Ge	nder-Distinct	Unis	sex			
_	Preferred Discount		10%	109	%			
77	Substandard Extra Ratings	25%	5, 50%, 100%	Nor	ne			
	Two-Spouse, Two-Partner Discounts		35%, 10%	30%,				
79	Requires Identical Coverage		No	No				
80	If Spouse is a Surprise Decline		Reduced	Reduced				
81	If Spouse Answers "Yes" to "Knockout" question		Reduced	Reduced				
	One-Spouse Discount (Only 1 Spouse Applies)							
_			15%	159				
	Maximum Best UW Class & Spouse Discount	0	41.50%	40°				
_	Later Marriage Earns Discount For	Curren	t & New Spouse	Current & No	· · · · · · · · · · · · · · · · · · ·			
_	Most Common Employer, Affinity Discount		NA, 5%	NA NA				
	Minimum Size Employer Group, Number Apps		NA	NA				
	Minimum Size Affinity Group, Number Apps		Varies	NA				
88	Credit Card: Frequencies Accepted		None	Nor	ne			
89	Non-Level Premiums							
90	Fixed Periods		NA	N/	4			
91	Paid Up at Ages		NA	NA	4			
92	Waiver of Premium							
93	First Premium Waived (Days)	E	Elimination	Elimin	ation			
94	HCBC Waiver		Yes	Facility Only	Yes			
95	Joint Waiver	Extra Cost	Automatic	Extra	Cost			
96	Return of Premium Upon Death (ROP)							
	ROP Design #1	Net Grades from 10%	@ 4th Year to 100% @ Year 20+	Net, Decrease to	n \$0 @ Age 80			
_	Other ROP Design(s)		NA	Not, Decrease in				
	Other Riders and Features			IV				
	Paid Up Survivor Benefit		Extra Cost	Extra	Coet			
_	Both People Must Survive Number of Years			Extra 10				
101	•		10 No.					
102	Claim-Free Requirement?		No	No				
103	Shared Care Benefit	Permanen	t Extra \$, Third Pool	NA	Permanent Extra			
	Others Obers d.C.							
104	Other Shared Care Aspects							
105	Restoration of Benefits	Extra Cost	Included					
				Extra	Cost			
106	Other Comments		s Daily Benefit 50% But Survivor's Prem					
			f Premium Applies on Lapse Also					
107	Offers Non-Tax-Qualified Policies (NTQ)		Yes	No)			
108	Combination Policies Offered		None	Lif	e			

OFFINIOREIL	IOUN HANGOOK		e puge 12 joi description of doorevidth			
GENWORTH	JOHN HANCOCK	KNIGHTS OF COLUMBUS	LIFESECURE	56		
Privileged Choice Flex 2	Custom Care III Featuring Benefit Builder	K of C Care K of C Care	LifeSecure LTC II w/Shareability Option LifeSecure OM II (Worksite			
www.genworth.com	800-270-1700	paul.ochs@kofc.org	Agent Sales Support Team 866-582-7701	58		
60+Other, 30	60+Other, No	21, 21	365+Other, No	59 60		
Contractual After EP	Contractual After EP	By Company Practice Contractual After EP	Contractual After EP	61		
	30 x MDB*	,	Contractual After EP Covered Under the Flexible Benefit	62		
3 x Monthly Max*		Facility Only \$1,000/Calendar Year		63		
Included Above*	Included Above*	Facility Only \$500/Calendar Year	Covered Under the Flexible Benefit Covered Under the Flexible Benefit			
Included Above*	Included Above*	LifePlans Provider Discount Program*				
Included Above*	Included Above*	Facility Only \$1,000/Calendar Year	Covered Under the Flexible Benefit			
NA	NA	NA, \$250/Year	NA	66		
Full After LIM Deat	Full After LIM Deat	No	No	67 68		
Full, After UW Reqt	Full, After UW Reqt	No No		69		
NH 50%/4 Yrs; HC 25%/1 Yr	International (365)		Canada (Other = NH 100%/1 Yr; HC 50%/1 yr)			
Yes, for Relatives Too	Yes, for Relatives Too	Yes	Yes	70		
Through Network	Client's Choice	Client's Choice*	Client's Choice	71		
None	Up to 10 x MDB (1/3 Monthly Max)	\$500/Calendar Year	No Limit	72		
Extended to All Claimants	Extended to all States for NB & Some for IF	Extended to All Claimants	As Required By Law	73		
Condar Distinct for Cinals Bearle	Candar Distinct	Heisse	Conday Distinct	74 75		
Gender-Distinct for Single People		Unisex	Gender-Distinct Unisex	75		
Pfd Best is 90% x Pfd which is 80%-97% x Sel; Std is 125% x Sel	10%	None	10% NA	76		
	25%, 50%	None	40%	77		
Females~49%; Males~28%; Varies By Age	·	15%, 0%	30%, 30%	78		
No	No	No	No	79 80		
Reduced	Lost	Unchanged	Lost			
Lost	Lost	Unchanged	Lost			
85% of Single Rate	0%	10%	0%	82		
Female~60%; Male~38%	35%	15%	37%	83		
Current (If Within 12 Mos) & New Spouse	Neither	New Spouse	Current & New Spouse	84		
NA	NA, 5%	NA	NA, 5% 5%, NA	85		
NA	NA	NA	NA 3, 5	86		
NA	10, 3	NA	200, NA NA	87		
M, Q, SA, A (First Payment Only)	M, Q, SA, A	None	M, Q, SA, A	88		
				89		
NA	NA	NA	10	90		
NA	95 (Automatic)	NA NA	NA	91		
				92		
Elimination	Elimination	Elimination	Elimination	93		
Yes	Yes	Yes	Yes	94		
Automatic w/Shared Care; Otherwise No	Not Offered	Not Offered	Not Offered	95		
				96		
Net, 100% Starts @ 10th Year	Automatic: Death Before 65	Net, 100% Starts @ 10th Year	Net, 100%	97		
Net, Decreasing to \$0 @ Age 75	NA	NA NA	NA	98		
	N - 2"	11.24	11.00	99		
Extra Cost	Not Offered	Not Offered	Not Offered	100		
10	NA	NA	NA NA	101		
Yes	NA	NA	NA	102		
Extra Cost Ends If Partner Dies	Extra Cost Ends If Partner Dies.	Permanent Extra \$	Extra Cost Ends If Partner Dies	103		
	If Pool Depleted, <91 Spouse					
Joint WP; Survivor Protected for At Least 1/2 Original Bucket	& No Claim in 2 Yrs, Can Buy 2 Yr BP		Must Leave 1 Year for Living Spouse	104		
Extra Cost	NA	NA	NA	105		
Online Live+Well Program Developed by Mayo Clinic	Benefit Builder Provides Paid-Up Additions Based on Excess Earned Interest (<i>Portfolio Rate — 3%</i>)		Simplified Issue Avail on Worksite Product thru Age 65, up to \$300K (\$200K w/Shared Care) or \$400K (\$300K w/Shared Care) depending on program	106		
No	No	NTQ Available in CA	No	107		
Life	None	None	None	108		

	COMPANY NAME	MASSMUTUAL	MEDAMERICA	MUTUAL OF OMAHA			
_	Policy Type	Comprehensive	Comprehensive with Cash Rider	Comprehensive Comprehensive			
3	Product Marketing Name	SignatureCare 500	FlexCare	MutualCare Secure Solution MutualCare Custom Solution			
4	Policy Form Number	MM500-P-2	FC-336	LTC13			
5	Year First LTCI Policy Offered	2000	1987	1987			
6	Year Current LTCI Policy Priced	2012	2013	2013			
7	Jurisdictions Available	DC, PR & All States (Except MO)	DC & All States Except FL, MN & NV	All States & DC			
8	State Partnerships (as of January 1, 2014)	39 (including CT, IN, NY)	15 (Including CT, NY)	35			
9	Financial Ratings (as of December 31, 2013)						
10	A.M. Best	A++	B++	A+			
11	Standard & Poor's	AA+	A-	A+			
12	Moody's	Aa2	Not Rated	A1			
13	Fitch	AA+	Not Rated	Not Rated			
14	COMDEX Ranking (as of May 1, 2014)	98	47	90			
15	Statutory Financials (Millions)						
16	Assets (as of December 31, 2013)	\$195,007	\$866	\$5,795			
17	Surplus (as of December 31, 2013)	\$12,524	\$44	\$2,675			
18	Percent Increase (Assets, Surplus)	11%, -1%	NA, NA	4%, 11%			
19	LTCI Premium (Millions)						
20	2013 First Year Premium	\$13.4	\$16.7	\$48.5			
21	2013 End of Year In-Force Premium	\$213.9	\$153.0	\$213.6			
22	Percent Increase (New Business, In-Force)	-54%, 5%	66%, 13%	-9%, 27%			
23	LTCI Lives Insured						
24	2013 First Year Issued	5,035	8,707	21,495			
25	2013 End of Year In-Force Premium	80,862	88,216	101,052			
26	Percent Increase (New Business, In-Force)	-42%, 5%	70%, 6%	-8%, 23%			
27	Policy Ranges and Elimination Period Terms						
28	Issue Age Range	18 - 79	18 - 85	30 - 79			
_	Daily, Weekly or Monthly Benefit Range	\$50 - \$400	\$1,500 - \$15,000/Month	\$1,500 - \$10,000/Month			
30	Benefit Periods and/or Pools	2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 8, 10	2, 3, 4, 5 \$50,000 - \$500,000			
31	Elimination Periods	30, 60, 90, 180	20, 30, 60, 90, 100, 180, 365	90, 180, 365 0, 30, 60, 90, 180, 365			
32	Vanishing, Cumulative	Yes, Yes	Yes, Yes	Yes, Yes			
33	Elimination Period Crediting	Service Days	Calendar Days	Calendar Days After 1st Expense			
34	Zero-Day HCBC EP with Longer NH EP	Extra Cost; HC Days Retire FC EP		Extra Cost			
	Policy Benefits		(Extra 4) W.Eorigor Facility Er				
36	Number of Benefit Pools, EPs	1,1	1, 1	1, 1			
37	HCBC Payment Basis	Daily (Monthly Extra \$)	Daily (Monthly Extra \$)	Monthly			
38	Indemnity Facility, Indemnity HCBC	No, No	No, No	No, No			
39	Full Cash (Disability) Benefit	NA	Extra Cost	NA NA			
40	Partial Cash (Disability) Alternative	NA	NA	30% (Automatic) 40% (Automatic)			
41	Additional Cash Benefit	NA	NA	NA			
42	Assisted Living (Percent of NH Max)	100%	50%, 75%, 100%, 125%	50%, 75%, 100%			
43	Home Care Health Aide (Percent of NH Max)	100%	50%, 75%, 100%, 125%	50%, 75%, 100%			
44	Independent Professional, Non-Professional	Same, Not Covered	APC, Cash Rider Can Cover	Same, See Cash Alternative			
45	Homemaker Services	Same As Custodial Care	Same As Custodial Care	Same As Custodial Care			
46	Informal Care (Other Than Family)	Not Covered	With Cash Rider, Benefit Can Be	Cash Alternative Has 0 Day EP;			
47	Informal Family Care	Not Covered	Used for Any Purpose	If Used It Delays Satisfying the EP			
48	Benefit Increase Features						
49	Lifetime Compound Increases (Level Premium)	3%, 5%	3%, 5%	3%, 4%, 5% 1% to 5%, 0.25% Increments & Buy-Up Option			
50	Lifetime Simple Increases (Level Premium)	NA	3%, 5%	NA			
51	Other Increases (Level Premium)	NA	5% CBIO to 2x; Tiered; MDB Incr	3%, 5% Compound 20 Years			
52	Increased Before Claims Deducted?	No	No	No			
53	Future Purchase Options (FPO)	NA	10% Every 2 Yrs Until Declined 2x	NA No FPO. Buy-up option allows to			
54	Benefit Increase Comments	NA	or on Claim; Premium for the FPO Continues Even if FPO Feature No Longer Exists.	NA increase each year not to exceed 5%, Available prior to the lesser of 20 years or age 75 and not chronically ill			
55	Other Comments	Participating Policy: Dividends	Tiered BIO=5% Comp thru 60, 5%	Rider Doubles MMB for			
		Payable: Facility Only Available	of Age 60 MDB thru 75, Then 0. Alternative MDB Incr Doesn't Incr Pool	Professional HC			

STATE FARM	THRIVENT		SAMERICA		UNITED SECURITY		1	
Comprehensive	Comprehensive	Comprehensive	Worksite	Comprehensive	Comprehensive	Home Care Only	2	
		TransCare III	TransCare II - 2012 (Worksite)	•	LifeStyle Solutions Select Impaired Risk		3	
97062	ICC12 H-HL-LTC	ICC13 TLC-4	TLC 2-P 0410; ICC10 TLC-3	CCL-3000-TQ	CCL-3000-TQ SEL	HHC-01	4	
1997	1987		1987		1983		5	
2013	2012	2013	2012	2013	2013	2010	6	
All But MA, NJ, RI	All But Perhaps NY			FL, IL, IA, KS, KY, LA, MD, N	IN, MS, MO, MT, NE, ND, OH, OK	, PA, SC, SD, TX, WA & WV		
30 (Including CT, IN)	36 (Including IN)	38 (Incl	uding CT, IN)		13		8	
							9	
A+	A++		A+		B-		10	
AA	Not Rated		AA-		Not Rated		11	
Not Rated	Not Rated		A1		Not Rated		12	
Not Rated	AA		AA-		Not Rated		13	
Not Rated	98		93		Not Rated		14	
¢400,400	↑70.400	.	45.070		#4.40		15 16	
\$133,432	\$72,162		15,276		\$148			
\$75,679	\$5,798		64,718		\$16		17	
8%, 16%	5%, 32%	9%	%, -14%		3%, 1%		18 19	
\$9.9	\$8.5	\$22 A (Plue \$1)	5 of Single Premium)		\$3.4		20	
\$200.5	\$191.4		6479.5		\$30.0		21	
-21%, 7%	571%, 1%	·	%, 2%		-3%, 1%		22	
-21/0, 1/0	37 1 /0, 1 /0	0	/0, Z /0		-0 /0, 1 /0		23	
4,459	3,576	1	1,104		1,632		24	
132,312	125,271		66,609	17,893				
-25%, 1%	604%, -1%		%, 0%		-3%, -2%		25 26	
2070, 170	00170, 170		70, 0 70	576, 270			27	
30 - 79	18 - 79	18 - 79		40 - 85	40 - 85	18 - 99	28	
\$100 - \$500 (Weekly for HC)	\$1,500 - \$15,000/Month	\$50 - \$500	\$50 - \$400	\$50 - \$350	\$50 - \$150	\$20 - \$250	29	
2, 3, 5	2, 3, 5, 8, 10	\$18,250 - \$1,095,000		1, 2, 3, 4, 5	1, 2, 3	1, 2, 3, 4, 5	30	
30, 90, 180	30, 90, 180	0, 30, 60, 90, 180, 365		0, 40, 90, 120, 180	90, 120, 180	0, 20, 100, 180, 365	31	
Yes, Yes	Yes, Yes		es, Yes	Yes, Yes	Yes, Yes	No, No	32	
Service Days	1 HC/Week=7		vice Days	Calendar Days After 1st Expense			33	
No	Extra Cost; HC Days Retire FC EP		Not Retire Facility EP		No		34	
							35	
1, 1	1, 1	1, 2 (0-Day HC)	1, 1	1, 1	Home Care Only	36	
Weekly	Monthly	Daily (Mo	onthly Extra \$)	Monthly	Monthly	Daily	37	
No, No	No, No	N	lo, No		No, No		38	
NA	NA		NA		NA		39	
NA	NA	10 x Daily M	Max Each Month		NA		40	
NA	10% in Facilities; 15% At Home (Extra \$)		NA		NA		41	
100%	100%		100%	100%	100%	Home Care Only	42	
100%	100%		100%	100%	50%	Home Care Only	43	
Same, Not Covered	Same, Not Covered	Through Parti	al Cash Alternative	Both Same As Above	Both Save As Above	Not Covered, Not Covered	44	
Same As Custodial Care	Same As Custodial Care	-	Custodial Care		Same As Custodial Care		45	
Not Covered	Not Covered	Through Parti	al Cash Alternative		Not Covered		46	
Not Covered	Not Covered	Through Parti	al Cash Alternative		Not Covered		47	
							48	
5%	3%, 5%	3	%, 5%	3%, 5%	3%, 5%	5%	49	
5%	NA		NA	3%, 5%	3%, 5%	NA	50	
NA	NA		NA		NA		51	
No	No		No		No		52	
Every 5 Years	5% Each Year	16% Every 3 Yrs Up to	Age 70 or 'til Declined Twice		NA		53	
		· ·	Can Be Bought at the 1st, 3rd		NA		54	
\$25 of MDB Every 5 Years	5% Increases Each Year, Unless Declined, Until 3	or 5th Anniversary If H	laven't Been Claim-Eligible					
From Ages 45-65 If Not	Consecutive Offers are	3% or 5% Ste	ep-Rated: Prems &	Includes Programs to	Partnership Impaired Risk Product. Pre-Existing Exclusion. Includes		55	
Claim-Eligible	Declined. Always Applies When on Claim		or Same % Each Yr	Delay Disability & Prolong Independence	Programs to Delay Disability &			
	when on Claim			independence	Prolong Independence			

				<u> </u>	
56	COMPANY NAME	MASSMUTUAL	MEDAMERICA	MUTUAL OF OMAHA	
57	Product Marketing Name	SignatureCare 500	FlexCare	MutualCare Secure Solution MutualCare Custom Solution	
58	Sales Rep/Source for More Info	800-767-1000	http://agents.yourlongtermcare.com/	800-693-6083	
59	Ancillary Benefits				
60	Bed Reserve Days/Year, Respite during EP?	60+Other, 30	30+Other, 30	30+Other, 30	
61	Alternative Plan of Care (APC)	Contractual After EP	Contractual After EP	Contractual After EP	
62	Home Modification	APC	Same as Emergency Alert	2 x Mo Max If Care Coord Is Used*	
63	Caregiver Training Benefit	5 x MDB	10 x MDB	Included Above*	
64	Emergency Alert	50% of MDB/Month	Covered Up to MDB; MedAmerica	Included Above*	
65	Equipment Benefit	APC	May Agree to Pay More Via APC	Included Above*	
66	Drug, Ambulance Benefit	1 x MDB/Mo, 4 x MDB/Yr	NA	NA	
67	Claims Issues				
68	Conditional Receipt Protection	Full, After UW Reqt	No	Full, After UW Reqt	
69	Coverage Beyond USA	1/2 MDB to 1/4 Max LT Benefit	Same as USA	Canada & UK; Indemnity for Other (365)	
_	Provider Discounts (Directly or Indirectly)	No	Yes	No	
_	Care Coordination Available From	Company Staff	Company Staff	Client's Choice	
72	Third Party Care Coordinator Limits	None	None	None	
_	Independent Review	As Required By Law	Extended to All Claimants	As Required By Law	
_	Premiums and Discounts	710 110 quillou 2 y 2 un		no noquirou by Lun	
	Gender-Distinct or Unisex Pricing	Unisex	Unisex	Gender-Distinct	
_	Preferred Discount	10%	5%	15%	
	Substandard Extra Ratings	25%, 150%, 400%	None	25%, 50%	
_	Two-Spouse, Two-Partner Discounts	30%, 30%	25%, 25%	30%, 30%	
79	Requires Identical Coverage	No	25 /8, 25 /8 No	No	
80	If Spouse is a Surprise Decline	Reduced	Reduced		
81	If Spouse Answers "Yes" to "Knockout" question			Reduced	
	<u> </u>		Reduced	Reduced	
_	One-Spouse Discount (Only 1 Spouse Applies)	15%	10%	15%	
_	Maximum Best UW Class & Spouse Discount	37%	28.75%	40.5%	
_	Later Marriage Earns Discount For	Current (If Same Series) & New Spouse	Both (if same form)	If Same Form, Current & New Spouse	
_	Most Common Employer, Affinity Discount	10%, 10%	5%, 5%	5% (Not Employer Sponsored), 5%	
	Minimum Size Employer Group, Number Apps	3, 3	25, 1	5 Apps, Common Employer Program Only	
_	Minimum Size Affinity Group, Number Apps	10, 3	100, 1	100, 10	
	Credit Card: Frequencies Accepted	None	None	None	
	Non-Level Premiums				
_	Fixed Periods	NA	10, 20	NA	
_	Paid Up at Ages	NA	NA	NA NA	
_	Waiver of Premium				
93	First Premium Waived (Days)	Elimination	Elimination	Elimination	
94	HCBC Waiver	Yes	Yes	Yes, With 8 Days of Care/Month	
	Joint Waiver	Extra Cost	Extra Cost	Not Offered Extra Cost	
96	Return of Premium Upon Death (ROP)				
_	ROP Design #1	NA	Net, 100% to 65, Grades to \$0 @75	Net, 3 x MMB Net, 100% to 65	
98	Other ROP Design(s)	NA	Net, 100% to 80, Then \$0	NA Net, 100% or 3 x MMB	
99	Other Riders and Features				
100	Paid Up Survivor Benefit	Extra Cost	Extra Cost	Not Offered Extra Cost	
101	Both People Must Survive Number of Years	10	10	NA 10	
102	Claim-Free Requirement?	No	No	NA	
103	Shared Care Benefit	Permanent Extra \$, Third Pool	Permanent Extra \$, Third Pool That	Permanent Extra \$	
			Can Differ from		
104	Other Shared Care Aspects	Avail Only w/2 Yr & 3 Yr BPs	Client-Specific Pools	Must Leave 1 Year for Living Spouse	
	,				
105	Restoration of Benefits	Extra Cost	Extra Cost	NA	
106	Other Comments	Loyal Customer Discount 5% All Yrs; FO Coverage Avail		Spouse Security Benefit Pays 60% of Reimb Benefit; 5% "Common Employer" Discount But Employer Cannot Be Involved in Any Way	
107	Offers Non-Tax-Qualified Policies (NTQ)	No	No		
			No	No	
108	Combination Policies Offered	None	None	None	

STATE FARM	THRIVENT	TRANSAMERICA	UNITED SECURITY		56
	Thrivent Long Term Care Insurance	TransCare III TransCare II - 2012 (Worksite)	LifeStyle Solutions LifeStyle Solutions Select Impaired Ris	k Clear Advantage	57
Long term date insurance	800-THRIVENT	817-285-3451, Carroll.Golden@Transamerica.com	800-872-3044, www.usa-cal.cc		58
	000-THINIVEIVI	617-205-3431, Carroll Golden & Hallsamerica.com	000-072-3044, www.usa-cai.cc)	59
30+Other, No	60+Other, 60	60, 30	20, 20	Home Care Only, No	60
Contractual After EP	Contractual After EP	Contractual After EP	Contractual Up to 50 x MDB	Contractual After EP	61
50 x MDB*	2 x Monthly Max*	60 x MDB If Care Coord Is Used*	APC up to 50 x MDB*	APC up to 50 x MDB*	62
5 x MDB/Plan of Care	2 x Monthly Max	Included Above*	5 x HC MDB	5 x HC MDB*	63
25% MDB; Max 12 Months	Included Above*	Included Above*	NA NA	NA NA	64
Included Above*	Included Above*	Included Above*	NA NA	Included Above*	65
NA	NA	NA	NA NA	NA	66
INA	INA	IVA	IVA	IVA	67
Full, After App	Full, After UW Regt	Full, After App	No		68
No		Canada (Other=Cash Benefit only) Canada (Other=75% (365))	No		69
No	No	No	No		70
Through Network	Through Network	Through Network	Yes		71
None	None	None	Yes		72
Extended to Some IF & Some States		Extended to Some IF & Some States	As Required By Law		73
Extended to Some II & Some States	Extended to II III States with III	Extended to dome in & dome diales	As nequired by Law		74
Unisex	Unisex	Gender-Distinct Unisex	Unisex		75
10%	10%	10%	NA NA		76
None	25%, 50%	25%, 50%	25%, 60%, 100%, 200% NA	25%, 60%, 100%, 200%	
30%, 0%	35%, 35%	30%, 30%	20%, 20% 10%,10%	10% Off Higher Prem,0%	78
No	No	No Yes	Yes	10/0 Oil Flighter Frem,0/0	79
Unchanged	Reduced	Reduced	Reduced Reduced	Lost	80
Lost	Reduced	Reduced	Reduced Reduced	Lost	81
0%	15%	15% 10%	15% 10%	0%	82
37%	45%	37% 28%	30% 10%		83
	Current & New Spouse		Current & New Spouse Current & New Spouse	10% Off Higher Prem 10% Off Higher Prem	84
Current & New Spouse		Current & New Spouse if Same Policy Form (& Benefits for Worksite)			
NA NA	NA NA	NA, 5% 5%, NA	10%, 10% NA	NA NA	85
NA NA	NA NA	NA 5, 5 Ees (More for SUW or MGI)	5, 2 NA	NA NA	86
NA NA	NA NA	250, 12+/Year NA	10, 2 NA	NA NA	87
M, Q, SA, A	None	M, Q, SA, A (First Payment Only)	M, Q, SA, A M, Q, SA, A	NA	88
NIA	40	MA	MA		89
NA NA	10	NA NA	NA NA		90
NA	65	NA	NA		91 92
00 Octabre Octabre Books	Elimination	Elimination	Elimination Not Offered	Elimination + 00	
90 Service, Count Restarts If 15 Day Gap	Elimination	Elimination	Elimination Not Offered	Elimination + 90	93
	Extra Cost	Automatic But NA if Substandard Class	Yes Not Offered	Yes	94
Not Offered	Automatic with Shared Care Rider	Extra Cost	Not Offered Not Offered	Extra Cost	95
NA	Not 1009/	Automatic: Dooth Refere Acc 67	NA		96 97
NA NA	Net, 100% NA	Automatic: Death Before Age 67 Net, 100%	NA NA		98
IVA	INA	Net, 10076	IVA		99
Not Offered	Extra Cost	Not Offered	Not Offered Not Offered	Extra Cost	100
NOI Offered NA	10	NA NA	NA NA		101
NA NA	Yes	NA NA	NA NA		102
NA NA			NA NA		102
INA	Extra Cost Ends If Partner Dies.	Extra Cost Ends If Partner Dies. If Pool Depleted, Spouse <91 & No Claim in 2 Years,	INA		103
NA	If Pool Depleted, Spouse <86 & No Clm in 2 Yrs, Can Buy 2 Yr BP	Spouse <91 & No Claim in 2 Years, Can Buy 2 Year BP			104
INA	V 110, V Duy E 11 DI	Odil Duy 2 Teal DF			104
Included	Extra Coot	Extra Cost	NA NA	Included	105
Included	Extra Cost		NA NA	Included	105
	F Voor Poto Cuerente	No War Excl. Reimb Up to 2x MMB for Injury Until Age			100
	5-Year Rate Guarantee	67; Add'l Amt Not +/- From Pool. 5-Yr Rate Guarantee: SUW Up to \$400K for Worksite			106
No	No		No		107
No None		No None	No		107
None	Annuities	None	None		108

Company (Product): Most Common Rating Class; 90-Day Elimination Period

	UW Class					efit Increa	ises		
	of Displayed Premiums	Age Male	e 40 Female	Age Male	e 50 Eomolo	Age Male	e 60 Fomolo	Age Male	e 70 Female
E. V. D. G. C. D. d. d.	Premiums	Wale	remale		Female		Female	wate	remale
Five-Year Benefit Period				S	ingle i	nsure	d		
Bankers Life (GR-N620)	2/5	\$371	\$559	\$590	\$924	\$1,015	\$1,617	\$2,261	\$3,513
Bankers Life (GR-N650)	2/5	510	775	815	1,292	1,405	2,260	3,108	4,884
Country Life (Comprehensive)	2/2	442	442	601	601	973	973	2,530	2,530
Genworth (Privileged Choice Flex 2 — Preferred)	2/4	638	895	692	993	1,055	1,439	2,560	3,492
Genworth (Privileged Choice Flex 2 — Select)	2/4	796	1,086	846	1,154	1,319	1,799	3,200	4,365
John Hancock (Custom Care III Featuring Benefit Builder)	2/4	560	820	710	1,060	1,120	1,720	2,530	3,820
Knights of Columbus (Comprehensive)	1/1	247	247	451	451	780	780	1,874	1,874
MassMutual (500 Series)	2/5	620	620	788	788	1,262	1,262	2,914	2,914
MedAmerica (FlexCare)	2/2	350	350	586	586	1,061	1,061	2,406	2,406
Mutual of Omaha (MutualCare Secure Solution)	2/4	559	910	690	1,084	965	1,623	2,150	3,348
State Farm Mutual Auto	2/2	808	808	1,229	1,229	1,870	1,870	3,399	3,399
Thrivent (Long Term Care Insurance)	2/4	642	642	899	899	1,477	1,477	3,146	3,146
United Security (LifeStyle Solutions)	3/5	905	905	1,022	1,022	1,659	1,659	3,390	3,390
United Security (LifeStyle Solutions Select)	1/1	NA	NA	NA	NA	NA	NA	NA	NA
United Security (Clear Advantage)	3/5	521	521	577	577	957	957	2,182	2,182
Country Life (Facility Only)	2/2	358	358	474	474	746	746	1,920	1,920
Knights of Columbus (Facility Only)	1/1	160	160	293	293	507	507	1,312	1,312
Three-Year Benefit Period					Single	e Insu	red		
Bankers Life (GR-N620)	2/5	292	425	450	687	760	1,185	1,708	2,577
Bankers Life (GR-N650)	2/5	391	577	603	941	1,027	1,617	2,280	3,486
Country Life (Comprehensive)	2/2	354	354	479	479	766	766	1,950	1,950
Genworth (Privileged Choice Flex 2 — Preferred)	2/4	528	743	561	849	787	1,074	1,990	2,714
Genworth (Privileged Choice Flex 2 — Select)	2/4	643	876	689	940	984	1,343	2,487	3,393
John Hancock (Custom Care III Featuring Benefit Builder)	2/4	470	610	590	820	900	1,300	2,080	2,950
Knights of Columbus (Comprehensive)	1/1	200	200	363	363	626	626	1,499	1,499
MassMutual (500 Series)	2/5	504	504	640	640	1,025	1,025	2,368	2,368
MedAmerica (FlexCare)	2/2	284	284	468	468	840	840	1,895	1,895
Mutual of Omaha (MutualCare Secure Solution)	2/4	428	649	525	774	751	1,159	1,684	2,420
State Farm Mutual Auto	2/2	587	587	907	907	1,394	1,394	2,532	2,532
Thrivent (Long Term Care Insurance)	2/4	482	482	674	674	1,124	1,124	2,440	2,440
United Security (LifeStyle Solutions)	3/5	722	722	817	817	1,335	1,335	2,755	2,755
United Security (LifeStyle Solutions Select)	1/1	1,607	1,607	1,812	1,812	2,918	2,918	5,615	5,615
United Security (Clear Advantage)	3/5	422	422	465	465	774	774	1,746	1,746
Country Life (Facility Only)	2/2	279	279	365	365	562	562	1,408	1,408
Knights of Columbus (Facility Only)	1/1	130	130	236	236	407	407	1,049	1,049
\$200,000 Benefit Pool				;	Single	e Insur	ed		
LifeSecure (Long Term Care II with Shareability Option)	2/3	577	865	780	1,169	1,265	1,897	3,153	4,729
Mutual of Omaha (MutualCare Secure Solution)	2/4	594	978	729	1,166	1,037	1,749	2,367	3,614
Transamerica (Transcare III)	2/4	543	827	753	1,147	1,222	1,861	2,739	4,174
LifeSecure (OM II Long Term Care — Worksite)	2/3	715	715	965	965	1,565	1,565	3,901	3,901
Transamerica (Transcare II — Worksite)	2/4	602	602	774	774	1,291	1,291	3,054	3,054
\$100,000 Benefit Pool				;	Single	e Insur	ed		
LifeSecure (Long Term Care II with Shareability Option)	2/3	361	541	479	719	770	1,154	1,898	2,846
Mutual of Omaha (MutualCare Secure Solution)	2/4	416	619	509	740	730	1,109	1,655	2,330
Transamerica (Transcare III)	2/4	396	603	549	837	891	1,358	1,998	3,045
LifeSecure (OM II Long Term Care — Worksite)	2/3	446	446	593	593	952	952	2,348	2,348
Transamerica (Transcare II — Worksite)	2/4	417	417	536	536	894	894	2,116	2,116

_		5% Compound Benefit Increases						Without Benefit Increases				5% Compound Benefit Increases					
Age Male	e 40 Female	Age Male	50 Female	Ag Male	e 60 Eomalo	Age Male	70 Female	Age 40	Age 50	Age 60	Age 70	Age 40	Age 50	Age 60	Age 70		
wate	remale				Female	wate	remale			Богос	de Ce	الماميد	ha Car	A			
		51	ngie ii	nsure	0			N	naie &	rema	lie Co	upie ti	he Sar	ne Ag	е		
\$2,389	\$3,866	\$2,765	\$4,443	\$3,355	\$5,288	\$5,124	\$7,749	\$604	\$984	\$1,711	\$3,753	\$4,065	\$4,686	\$5,618	\$8,368		
3,313	5,388	3,830	6,170	4,639	7,336	7,051	10,749	844	1,390	2,468	5,621	5,712	6,597	8,064	12,518		
1,726	1,726	1,897	1,897	2,335	2,335	4,159	4,159	619	841	1,362	3,542	2,416	2,655	3,268	5,822		
1,640	2,332	1,770	2,532	2,103	3,214	4,289	5,850	1,037	1,176	1,450	3,200	2,489	3,009	3,328	5,361		
1,761	2,541	1,961	2,935	2,629	3,656	5,361	7,313	1,089	1,234	1,740	3,840	2,912	3,334	3,636	6,434		
2,920	4,420	3,310	4,810	3,420	5,140	5,360	7,830	966	1,239	1,988	4,445	4,634	4,704	4,872	7,630		
904 3,377	904	1,271	1,271	1,771	1,771	3,272	3,272 6,002	419 868	766	1,327	3,186	1,537	2,161	3,011	5,562		
2,014	3,377 2,014	3,379 2,458	3,379 2,458	3,692 3,119	3,692 3,119	6,002 4,877	4,877	525	1,103 879	1,766 1,591	4,079 3,609	4,728 3,020	4,731 3,686	5,168 4,678	8,403 7,316		
2,733	4,880	2,901	5,327	3,071	5,646	3,990	7,078	1,028	1,242	1,812	3,849	5,329	5,760	6,102	7,748		
6,615	6,615	6,363	6,363	6,176	6,176	7,343	7,076	1,329	2,013	3,069	5,601	10,707	10,305	10,032	11,966		
3,711	3,711	3,775	3,775	4,400	4,400	6,543	6,543	835	1,168	1,920	4,090	4,824	4,907	5,720	8,506		
3,854	3,854	3,961	3,961	4,594	4,594	6,163	6,163	1,447	1,635	2,655	5,423	6,167	6,337	7,350	9,861		
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
943	943	1,042	1,042	1,718	1,718	3,534	3,534	990	1,097	1,819	4,147	1,792	1,980	3,264	6,715		
1,297	1,297	1,421	1,421	1,739	1,739	3,092	3,092	501	664	1,044	2,687	1,815	1,989	2,435	4,328		
564	564	793	793	1,105	1,105	2,199	2,199	273	498	862	2,230	959	1,348	1,879	3,737		
		<u> </u>	iligie i	nsure	u		Male & Female Couple the Same Age							<u> </u>			
1,708	2,759	1,981	3,154	2,407	3,744	3,726	5,507	466	739	1,264	2,785	2,904	3,338	3,998	6,001		
2,313	3,738	2,677	4,268	3,247	5,070	4,997	7,435	635	1,014	1,763	3,939	3,972	4,559	5,546	8,493		
1,428	1,428	1,567	1,567	1,928	1,928	3,236	3,236	495	670	1,072	2,730	1,999	2,194	2,699	4,531		
1,328	1,761	1,488	2,027	1,699	2,615	3,313	4,639	859	953	1,108	2,487	2,026	2,529	2,888	4,236		
1,385	2029	1,649	2,467	2,037	2,975	4,142	5,799	902	1,056	1,298	2,985	2,181	2,803	2,959	5,083		
2,510	3,490	2,720	3,660	3,070	3,950	4,420	5,960	756	987	1,540	3,521	4,200	4,466	4,914	7,266		
724	724	1,016	1,016	1,415	1,415	2,612	2,612	340	616	1,064	2,548	1,230	1,728	2,406	4,440		
2,745	2,745	2,747	2,747	3,001	3,001	4,879	4,879	706	896	1,436	3,315	3,843	3,845	4,201	6,830		
1,551	1,551	1,891	1,891	2,403	2,403	3,757	3,757	426	701	1,261	2,843	2,327	2,837	3,604	5,636		
2,089	3,480	2,207	3,804	2,390	4,033	3,126	5,117	753	909	1,337	2,873	3,898	4,208	4,496	5,769		
4,754	4,754	4,617	4,617	4,532	4,532	5,411	5,411	960 626	1,476	2,272	4,150	7,640	7,427	7,316	8,765		
2,822 3,112	2,822 3,112	2,946 3,201	2,946 3,201	3,438 3,722	3,438 3,722	5,172 5,011	5,172 5,011	1,155	876 1,307	1,461 2,138	3,171 4,409	3,668 4,980	3,830 5,121	4,469 5,956	6,724 8,017		
7,151	7,151	7,289	7,289	8,243	8,243	10,821	10,821	2,893	3,262	5,253	10,107	12,871	13,121	14,837	19,477		
7,131	7,131	831	831	1,380	1,380	2,802	2,802	803	883	1,471	3,317	1,445	1,578	2,622	5,224		
1,014	1,014	1,109	1,109	1,355	1,355	2,262	2,262	390	512	786	1,971	1,419	1,553	1,897	3,166		
452	452	634	634	883	883	1,755	1,755	221	401	692	1,784	768	1,078	1,501	2,984		
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Single Insured								Male & Female Couple the Same Age									
2,495	4,455	2,723	4,861	3,365	6,009	5,628	10,051	1,010	1,364	2,214	5,518	4,864	5,309	6,562	10,975		
2,901	5,245	3,065	5,732	3,301	6,082	4,393	7,641	1,100	1,327	1,950	4,187	5,702	6,158	6,568	8,423		
2,543	3,875	3,005	4,579	3,247	4,947	5,043	7,685	959	1,330	2,158	4,839	4,493	5,309	5,736	8,910		
3,531	3,531	3,852	3,852	4,759	4,759	7,959	7,959	1,001	1,351	2,191	5,462	4,943	5,392	6,662	11,142		
2,275	2,275	2,765	2,765	3,629	3,629	6,026	6,026	964	1,239	2,065	4,887	3,641	4,424	5,808	9,641		
	Single Insured									Male & Female Couple the Same Age							
1,560	2,785	1,673	2,988	2,047	3,656	3,387	6,049	631	839	1,347	3,321	3,041	3,263	3,992	6,605		
2,030	3,323	2,142	3,636	2,324	3,858	3,071	4,925	724	875	1,288	2,789	3,747	4,045	4,327	5,598		
1,934	2,947	2,182	3,325	2,459	3,747	3,611	5,502	700	970	1,574	3,530	3,417	3,855	4,344	6,379		
2,203	2,203	2,366	2,366	2,894	2,894	4,790	4,790	624	830	1,333	3,287	3,084	3,312	4,051	6,706		
1,427	1,427	1,719	1,719	2,323	2,323	3,908	3,908	667	858	1,430	3,385	2,283	2,750	3,718	6,252		